## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10711919

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                                   |            |                  |       | SMALL ENTITY TYPE |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|---------------------------------------|-----------------------------------|------------|------------------|-------|-------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | (Coldmin 1)                           |                                   | COIL       |                  |       |                   |                        | OR<br>7 |                               |                        |
|   |  |   | //                                    |                                   |            |                  |       | RATE              |                        | -       | RATE                          | FEE                    |
| FC  | )R<br>—  |   | NUMBER FILED                          |                                   |            | BER EXTRA        |       | BASIC FEE         | 395.00                 | OR      | BASIC FEE                     | 790.00                 |
| TC  | TAL CHARGE                                     | ABLE CLAIMS                               | 4/ mir                                | nus 20=                           | * 21       |                  |       | X\$ 9=            |                        | OR      | X\$18=                        | 3.78                   |
| INE   | DEPENDENT C                                    | LAIMS                                     | 7 minus 3 = "                         |                                   |            | <i>k</i>         |       | X44=              |                        | OR      | X88=                          | 352                    |
| ML  | ILTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT                                |                                   |            |                  | +150= |                   | OR                     | +300=   |                               |                        |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                                   |            |                  |       | TOTAL             |                        | OR      | TOTAL                         | 1520                   |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                                   |            |                  |       |                   |                        | •       | OTHER                         | THAN                   |
|   |  | (Column 1)                                |                                       |                                   |            | (Column 3)       |       | SMALL             | ENTITY                 | OR      | SMALL                         | ENTITY                 |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER        | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                                |            | =                |       | X\$ 9=            |                        | OR      | X\$18=                        |                        |
|   | Independent                                    | *   | Minus                                 | ***                               |            | =                |       | X44=              |                        | OR      | X88=                          |                        |
| Ľ   | FIRST PRESE                                    | NTATION OF MI                             | JUTIPLE DEF                           | PENDENT                           | CLAIM      |                  | ן ו   | +150=             |                        | OR      | +300=                         |                        |
|   |  |   | •                                     |                                   |            |                  | L     | TOTAL             | •                      |         | TOTAL                         |                        |
|   |  |   |                                       |                                   |            |                  |       | ADDIT. FEE        |                        | JOH     | ADDIT. FEE                    |                        |
|   | ·  | (Column 1)                                | 1                                     | (Colun                            |            | (Column 3)<br>I  | 1 г   |                   | A D D I                | B 1     |                               |                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUME<br>PREVIO<br>PAID F          | USLY       | PRESENT<br>EXTRA |       | RATE .            | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                                |            | =                |       | X\$ 9=            |                        | OR      | X\$18=                        |                        |
|   | Independent                                    | *   | Minus                                 | ***                               |            | <u> </u>         |       | X44=              |                        | OR      | X88=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                   |            |                  |       | +150=             |                        | OR      | +300=                         |                        |
|   |  |   |                                       |                                   |            |                  | L     | TOTAL             |                        |         | TOTAL                         |                        |
|   |  |   |                                       |                                   |            |                  |       | DDIT. FEE         |                        | OR ,    | ADDIT. FEE                    |                        |
| ,   | (Column 1) (Column 2) (Column 3)               |   |                                       |                                   |            |                  |       |                   |                        |         |                               |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUMB<br>PREVIO<br>PAID F          | ER<br>USLY | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE | -       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total .  | * ,                                       | Minus                                 | **                                |            | = .              |       | X\$ 9=            |                        | OR      | X\$18=                        |                        |
|   | Independent                                    | *   | Minus                                 | ***                               |            | =                |       | X44=              |                        | ŀ       | X88=                          |                        |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                   |            |                  |       |                   |                        | OR      |                               |                        |
| +150= OR +300=  |  |   |                                       |                                   |            |                  |       |                   |                        |         | · ·                           |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2"  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |                                   |            |                  |       |                   |                        |         |                               |                        |